

Please provide your Driver's License Number _____

Expiration date _____

From what state _____

Do you own your bus/motorcoach? Yes No

If yes, who is your insurance carrier? _____

Expiration date _____

Amount of coverage \$ _____

Business References

(Please list up to three casinos/businesses you currently work with.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please answer each of the following questions.

1. Have you ever filed for bankruptcy or become insolvent? Yes No
2. Are you presently the party to any lawsuit? Yes No
3. Have you, your coordinators or host/hostesses ever been banned, permanently or temporarily, from a casino? Yes No
4. Have you or your coordinators ever been convicted of a felony? Yes No
5. Have you ever had a civil judgment filed against you?
If yes, was it satisfied? _____ Yes No
6. Have you ever applied to be a registered tour operator at Potawatomi Bingo Casino? If yes, when? _____ Yes No

(If you answered yes to any of the questions above, please provide an explanation on a separate sheet of paper.)

Please list the names and addresses of your pick-up points.
(If you need more space, please use a separate piece of paper.)

This application must be completed in its entirety prior to being considered by the Group Sales Department of Potawatomi Bingo Casino. Once the **complete** application has been received, along with the W-9 form, it may take six (6) weeks or more to process. Incomplete applications will be returned to the tour operator for completion.

A member of the Group Sales Department will notify you immediately of approval/denial. It is Potawatomi Bingo Casino policy not to inform applicant a reason if they are denied. Denied applicants may reapply after one year.

An internal department conducts a complete background check.

CERTIFICATION: I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR REJECTION OF THIS APPLICATION AND REVOCATION OF MY PRIVILEGES TO PARTICIPATE AS A TOUR OPERATOR.

Signature _____

Date _____

Attachment: An original W-9 form must be returned to the Casino along with this completed application.

For Office Use Only

Sent for background check on _____

Accept or deny on _____